Interim Designation of Agent to Receive Notification of Claimed Infringement

F	Alternative Name(s) of Service Provider (including all names under which the so provider is doing business): MUSKOKA MEDIA, INC. (formerly KNOW NAME WAS officially been changed to Smile box, I
P	Address of Service Provider: 8201 164TH AVE NE, SUITE 305, REDMOND, WA 980
	Name of Agent Designated to Receive Notification of Claimed Infringement: ANDREW WRIGHT
0	Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box r similar designation is not acceptable except where it is the only address that can be used in the geographi ocation): 8201 164TH AVE NE, SUITE 305, REDMOND, WA 98052
7	Telephone Number of Designated Agent: 1-425-881-9475
F	Facsimile Number of Designated Agent: 1-425-881-9625
F	Email Address of Designated Agent: COPYRIGHT@SMILEBOX.COM
	Signature of Officer or Representative of the Designating Service Provider: Date: FES 23, 2007
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Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.



